



EmergiCare of Harrisonburg

REPORT OF TUBERCULOSIS SCREENING

NAME: _____

DATE: _____

DOB: _____

The above-named individual has been evaluated for tuberculosis. Based on the available information, this individual can be considered free of tuberculosis in a communicable form.

_____ Further testing is not indicated at this time due to the absence of symptoms suggestive of active Tuberculosis, risk factors for developing active TB or known recent contact exposure.

_____ This individual has a history of a positive tuberculin skin test. Follow up chest X-Ray is not indicated at this time due to the absent of symptoms suggestive of active tuberculosis.

_____ This individual had a chest X-Ray on _____ that showed no evidence of active Tuberculosis. As a result of this chest X-Ray and absence of symptoms suggestive of active tuberculosis disease no further evaluation is required at this time.

_____ This individual had a T-SPOT test performed on _____. The results of this test were
Negative Positive Inconclusive

_____ This individual had a QuantiFERON TB Gold Test performed on _____. The results of this test were.
Negative Positive Inconclusive

_____ This individual has been referred to the Health Department for further evaluation.

(Signature of MD, PA-C, NP)

(Date)



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TUBERCULOSIS RISK ASSESSMENT FORM

NAME:	
TODAY'S DATE:	
DOB:	SEX:
BIRTH COUNTRY:	

PAST DIAGNOSIS OF TUBERCULOSIS (PLEASE CIRCLE ONE BELOW)

Have you ever had Tuberculosis?	Yes	or	No
Have you ever had a positive PPD Skin Test?	Yes	or	No
Have you had a BCG Vaccine?	Yes	or	No

SCREENING FOR TUBERCULOSIS SYMPTOMS

Do you have a cough that has lasted more than 3 weeks?	Yes	or	No
Have you spit up or coughed up blood?	Yes	or	No
Have you had an ongoing fever?	Yes	or	No
Have you lost weight without trying?	Yes	or	No
Do you have night sweats?	Yes	or	No
Have you had a loss of appetite?	Yes	or	No
Do you feel tired or fatigued?	Yes	or	No
Were you born, lived, or traveled for more than 3 months to one of the countries on the back of this form?	Yes	or	No
Do you have HIV, AIDS, Diabetes, Lymphoma, or Immune Disorder?	Yes	or	No
Have you ever lived with or been in close contact to a person known or suspected of being sick with Tuberculosis?	Yes	or	No
Have you ever lived in any homeless shelter, prison/jail, hospital or drug rehab unit, nursing home or residential healthcare facility?	Yes	or	No

Screener's Name & Title:
Screener's Signature:
Date:

CHECK ALL THAT APPLY:

- No risk factors for TB infection
- Screening positive for risk factors
- Previous Treatment for TB. No further evaluation needed at this time.
- Referred for CXR
- Referred for T-SPOT
- Referred for QuantiFERON TB Gold

(Patient Signature & Date)

High Burden TB Country List 2021
(Countries with TB incidence rates of $\geq 20/100,000$ population)

Data obtained from 2020 WHO Global Tuberculosis Report and reflects 2019 data

Country	Country	Country	Country
Afghanistan	Ecuador	Malawi	Singapore
Algeria	El Salvador	Malaysia	Solomon Islands
Angola	Equatorial Guinea	Maldives	Somalia
Anguilla	Eritrea	Mali	South Africa
Argentina	Eswatini	Marshall Islands	South Sudan
Armenia	Ethiopia	Mauritania	Sri Lanka
Azerbaijan	Fiji	Mexico	Sudan
Bangladesh	French Polynesia	Micronesia (Federated States of)	Suriname
Belarus	Gabon	Mongolia	Tajikistan
Belize	Gambia	Morocco	Thailand
Benin	Georgia	Mozambique	Timor-Leste
Bhutan	Ghana	Myanmar	Togo
Bolivia	Greenland	Namibia	Tokelau
Botswana	Guam	Nauru	Tunisia
Brazil	Guatemala	Nepal	Turkmenistan
Brunei Darussalam	Guinea	Nicaragua	Tuvalu
Bulgaria	Guinea-Bissau	Niger	Uganda
Burkina Faso	Guyana	Nigeria	Ukraine
Burundi	Haiti	Northern Mariana Islands	United Republic of Tanzania
Cabo Verde	Honduras	Pakistan	Uruguay
Cambodia	India	Palau	Uzbekistan
Cameroon	Indonesia	Panama	Vanuatu
Central African Republic	Iraq	Papua New Guinea	Venezuela (Bolivarian Republic of)
Chad	Kazakhstan	Paraguay	Viet Nam
China	Kenya	Peru	Yemen
China, Hong Kong SAR	Kiribati	Philippines	Zambia
China, Macao SAR	Kuwait	Qatar	Zimbabwe
Colombia	Kyrgyzstan	Republic of Korea (South Korea)	Persons from these countries should be screened for TB and TB infection. Updated 3/30/2021 VDH TB Program
Comoros	Lao People's Democratic Republic	Republic of Moldova	
Congo	Latvia	Romania	
Cote d'Ivoire	Lesotho	Russian Federation	
Democratic People's Republic of Korea	Liberia	Rwanda	
Democratic Republic of the Congo	Libya	Sao Tome and Principe	
Djibouti	Lithuania	Senegal	
Dominican Republic	Madagascar	Sierra Leone	